DATENT ABOUTATION CON REVENUENTATION RESSEN												· · ·		1001	
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001										10/05/2160					
		CLAIMS	S AS	FILED -		(Column 2)			SMALL ENTITY TYPE		OTHER OR SMALL				
TOTAL CLAIMS				21					RATE		FEE		RATE	FEE	1
FOR				NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			MS	→ minus 20=		• !			X\$ 9=			OR	X\$18=	18	
INDEPENDENT CLAIMS				im D	nus 3 =	• —			X42=			OR	X84=		H
MULTIPLE DEPENDENT CLAIM PI				ESENT					-140						
* If the difference in column 1 is				less than zero, enter "0" in co			roluma 2	3	+140	۳,		OR			
CLAIMS AS AMENDED - PART II										į		jOR	TOTAL	1228	
CLAIMS AS A (Column 1)				(Column 2)			(Column 3)	<u>.</u>	SMAL	L E	NTITY	OR	OTHER SMALL		
AMENDMENT A	*	CLAIMS REMAINII AFTER AMENDME	NG		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.20	7	Minus	-2	1	- /	Ç.	X\$ 9=			OR	X\$18=	18	
	Independent		7	Minus ***		<u> </u>	<u> </u>		X42=	7		OR	X84=		ı
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=			00	+280=	10	
									TOT	L	<u> </u>	OR	TOTAL	X	
		10 -1			(0-1	O\	(Catura 0)		ADDIT. FI	EL		OR	ADDIT, FEE	· V	
AMENDMENT B	in the second	(Column	S	\$1.	(Colur HIGH	EST	(Column 3)	1		7	ADDI-	1 1		ADDI-	
	4	REMAINII AFTER AMENDMI	1 [NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL FEE	
	Total	. 26	2	Minus	-2	2	E		X\$ 9=			OR	X\$18=		
	Independent	. L	1	Minus	***	3	=		X42=	┪			X8d=	86	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									╢		OR		OP	1
	RECT AVAILABLE ACTION											OR	+280=		
BEST AVAILABLE COPY									TOTA ODIT. FE			OR	TOTAL ADDIT. FEE	86	ľ
		(Column			(Colun		(Column 3)	n _							
AMENDMENT C	*	REMAININ AFTER	NG :	sign of the sign of	NUMI PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL	į	RATE	ADDI- TIONAL	
		AMENDME		<u> </u>	PAID	FOR	EATRA			\geq	FEE		100,12	FEE	
	Total	. 21		Minus	<u>- 2</u>	<u> </u>	=		X\$ 9=		/	OR	X\$18=		
	Independent	· 4		Minus	***	4	<u> -</u>		X42=			OR	X84=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.140	╁			.200		
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.													ĺ		
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **OPTION THE Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." **OPTION THE TIGHEST NUMBER PREVIously Paid For IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	ber Previous	y Paid	For (Total or	Independe	mt) is the	highest numbe	a foul	nd in the a	ippr	obliate pox	in col	umn 1.		